

TESH – TELEHEALTH EDUCATION FOR SCHOOL HEALTH

CONTINUING EDUCATION ACTIVITY EVALUATION FORM

Nebraska DHHS Division of Public Health Maternal Child Adolescent Health Program

Activity Title: *Autism in Nebraska*

Date: *February 12, 2013*

Activity No. **31287**

If viewing on-demand recording: Date and Time: _____

As a learner please assist in the evaluation of this presentation. Please circle the number beside each statement that best reflects the extent of your agreement. Thank you.

		Disagree				Agree
Content						
1.	The content was interesting to me.....	1	2	3	4	5
2.	The content extended my knowledge of the topic.....	1	2	3	4	5
3.	The content was consistent with the objectives.....	1	2	3	4	5
4.	I will be able to apply this content in my work.....	1	2	3	4	5
5.	Objectives were consistent with purpose/goals of activity.....	1	2	3	4	5

Faculty/Presenter Effectiveness (Torri Tejral):

1.	The presentation was clear and to the point.....	1	2	3	4	5
2.	The presenter demonstrated mastery of the topic.....	1	2	3	4	5
3.	The method used to present the material held my attention.....	1	2	3	4	5
4.	The presenter was responsive to participant concerns.....	1	2	3	4	5

Faculty/Presenter Effectiveness (Therese Mathews):

1.	The presentation was clear and to the point.....	1	2	3	4	5
2.	The presenter demonstrated mastery of the topic.....	1	2	3	4	5
3.	The method used to present the material held my attention.....	1	2	3	4	5
4.	The presenter was responsive to participant concerns.....	1	2	3	4	5

Instructional Methods

1.	The instructional material was well organized.....	1	2	3	4	5
2.	The instructional methods illustrated the concepts well.....	1	2	3	4	5
3.	The handout materials given are likely to be used as a future reference.....	1	2	3	4	5
4.	The teaching strategies were appropriate for the activity.....	1	2	3	4	5

Learner Achievement of Objectives

1.	Describe the prevalence and etiology of autism spectrum disorders (Tejral).	1	2	3	4	5
2.	Identify early warning signs and diagnostic criteria of autism spectrum disorder (Mathews).	1	2	3	4	5
3.	Identify three action steps for school nurses in making an impact On autism spectrum disorder in Nebraska (Tejral).	1	2	3	4	5
4.	Identify appropriate referral resources for children and adolescents with developmental concerns and/or diagnosed with Autism spectrum disorder (Mathews).	1	2	3	4	5

Knowledge Level Self-Assessment: On a scale of 1 (low) to 5 (high),

My knowledge level of this topic prior to the learning event: _____

My knowledge level of this topic following the learning event: _____

Comments:

Suggestions for Future TESH Programs:

**Evaluation feedback for the
NEBRASKA STATEWIDE TELEHEALTH NETWORK:**

1. Location where you are attending this telehealth session: _____
2. How many persons are attending at your location today? _____
3. Please evaluate your satisfaction with telehealth learning today.
5 = highly satisfied 4= satisfied 3 = neutral 2 = dissatisfied 1 = highly dissatisfied
 - a. The use of the telehealth system was conducive to my learning. _____
 - b. The picture quality _____
 - c. The sound quality _____
 - d. I am very likely to use telehealth again for my professional learning needs. _____
4. If you were not satisfied with telehealth today, please describe the issues/problems/technical difficulties you faced so we can correct them: _____

THANK YOU! Return your completed evaluation and sign-in sheet to the DHHS School and Child Health Program, c/o Kathy Karsting, RN. Fax:402-471-7049; email kathy.karsting@nebraska.gov; snail mail P.O. Box 95026 Lincoln NE 68509-5026.